

House File 178 - Introduced

HOUSE FILE _____
BY D. OLSON

Passed House, Date _____ Passed Senate, Date _____
Vote: Ayes _____ Nays _____ Vote: Ayes _____ Nays _____
Approved _____

A BILL FOR

1 An Act relating to third-party payment of health care coverage
2 costs for the diagnosis and treatment of infertility and
3 providing an applicability date.
4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:
5 TL5B 1011HH 82
6 av/je/5

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1 1 Section 1. NEW SECTION. 514C.23 INFERTILITY COVERAGE.
1 2 1. Notwithstanding the uniformity of treatment
1 3 requirements of section 514C.6, a group policy, contract, or
1 4 plan providing for third-party payment or prepayment of
1 5 health, medical, and surgical coverage benefits issued by a
1 6 carrier, as defined in section 513B.2, or by an organized
1 7 delivery system authorized under 1993 Iowa Acts, ch. 158,
1 8 shall provide coverage benefits for the diagnosis and
1 9 treatment of infertility, if both of the following are
1 10 satisfied:
1 11 a. The policy, contract, or plan is issued to an employer
1 12 who on at least fifty percent of the employer's working days
1 13 during the preceding calendar year employed more than twenty=
1 14 five full-time equivalent employees. In determining the
1 15 number of full-time equivalent employees of an employer,
1 16 employers who are affiliated or who are able to file a
1 17 consolidated tax return for purposes of state taxation shall
1 18 be considered one employer.
1 19 b. The policy, contract, or plan provides coverage
1 20 benefits related to pregnancy.
1 21 2. Notwithstanding the uniformity of treatment
1 22 requirements of section 514C.6, a plan established pursuant to
1 23 chapter 509A for public employees shall provide coverage
1 24 benefits for the diagnosis and treatment of infertility.
1 25 3. For purposes of this section, "infertility" means the
1 26 inability to conceive after one year of unprotected sexual
1 27 intercourse or the inability to sustain a successful
1 28 pregnancy.
1 29 4. For purposes of this section, the diagnosis and
1 30 treatment of infertility includes but is not limited to all of
1 31 the following:
1 32 a. In vitro fertilization.
1 33 b. Uterine embryo lavage.
1 34 c. Embryo transfer.
1 35 d. Artificial insemination.
2 1 e. Gamete intrafallopian tube transfer.
2 2 f. Zygote intrafallopian tube transfer.
2 3 g. Low tubal ovum transfer.
2 4 5. Coverage benefits required under this section for in
2 5 vitro fertilization, gamete intrafallopian tube transfer, or
2 6 zygote intrafallopian tube transfer shall be required only if
2 7 all of the following conditions are satisfied:
2 8 a. The covered individual has been unable to attain or
2 9 sustain a successful pregnancy through reasonable, less
2 10 costly, medically-appropriate infertility treatments for which
2 11 coverage is available under the policy, contract, or plan.
2 12 b. The covered individual has not undergone more than
2 13 three completed oocyte retrievals, except that if a live birth
2 14 follows a completed oocyte retrieval, then two more completed
2 15 oocyte retrievals shall be covered.
2 16 c. The procedures are performed at a medical facility that
2 17 conforms to the American college of obstetrics and gynecology
2 18 guidelines for in vitro fertilization clinics or to the
2 19 American society for reproductive medicine's minimum standards

2 20 for in vitro fertilization programs.
2 21 6. This section does not apply to a group policy,
2 22 contract, or plan issued to or by a religious institution or
2 23 organization or to or by an entity sponsored by a religious
2 24 institution or organization if the religious and moral
2 25 teachings or beliefs of the religious institution or
2 26 organization would be violated by providing the coverage
2 27 benefits otherwise required under this section.

2 28 7. This section shall not apply to accident-only,
2 29 specified disease, short-term hospital or medical, hospital
2 30 confinement indemnity, credit, dental, vision, Medicare
2 31 supplement, long-term care, basic hospital and medical=
2 32 surgical expense coverage as defined by the commissioner,
2 33 disability income insurance coverage, coverage issued as a
2 34 supplement to liability insurance, workers' compensation or
2 35 similar insurance, or automobile medical payment insurance, or
3 1 individual accident and sickness policies issued to
3 2 individuals or to individual members of a member association.
3 3 8. This section applies to third-party payment provider
3 4 policies or contracts and to plans established pursuant to
3 5 chapter 509A that are delivered, issued for delivery,
3 6 continued, or renewed in this state on or after January 1,
3 7 2008.

3 8 EXPLANATION

3 9 This bill mandates payment of health care costs for the
3 10 diagnosis and treatment of infertility in certain health
3 11 insurance policies, contracts, or plans issued to employers of
3 12 more than 25 full-time employees who provide coverage benefits
3 13 related to pregnancy, and in plans established pursuant to
3 14 Code chapter 509A for public employees.

3 15 The bill defines "infertility" as the inability to conceive
3 16 after one year of unprotected sexual intercourse or the
3 17 inability to sustain a successful pregnancy.

3 18 The bill provides that coverage for the diagnosis and
3 19 treatment of infertility includes but is not limited to in
3 20 vitro fertilization, uterine embryo transfer, artificial
3 21 insemination, gamete intrafallopian tube transfer, zygote
3 22 intrafallopian tube transfer, and low tubal ovum transfer.

3 23 The bill limits the requirement for coverage for in vitro
3 24 fertilization, gamete intrafallopian tube transfer, or a
3 25 zygote intrafallopian tube transfer to those cases where the
3 26 covered individual has been unable to attain or sustain a
3 27 successful pregnancy through reasonable, less costly,
3 28 medically-appropriate infertility treatments for which
3 29 coverage is available under the policy, contract, or plan, and
3 30 the individual has not undergone more than three complete
3 31 oocyte retrievals, except that if a live birth follows a
3 32 completed oocyte retrieval, two more completed oocyte
3 33 retrievals are covered, and the procedures are performed at a
3 34 medical facility that meets guidelines of the American college
3 35 of obstetrics and gynecology or minimum standards of the
4 1 American society for reproductive medicine for in vitro
4 2 fertilization programs.

4 3 Infertility coverage is not required in a group policy,
4 4 contract, or plan issued to or by a religious institution or
4 5 organization or an entity sponsored by such an institution or
4 6 organization if the religious and moral teachings or beliefs
4 7 of the religious institution or organization would be violated
4 8 by such a requirement.

4 9 The bill does not apply to certain specified types of
4 10 insurance policies.

4 11 The bill applies to third-party payment provider policies
4 12 or contracts and to plans established pursuant to Code chapter
4 13 509A that are delivered, issued for delivery, continued, or
4 14 renewed in this state on or after January 1, 2008.

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